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REVOCATION OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS  CHANGE OF CORRESPONDENCE ADDRESS  I hereby revoke all previous powers of attorney divon in the above-identified application.  A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:  The address associated with Customer Number:  Email  Lam the:  Applicant/Inventor.  Assignee of record of the entire Interest, Sue 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S6/96)  Signature  Michael Missor, Vigo President, Hylort, Inc.  Date  322_67  Telephone  Telephone  Telephone  Telephone  Telephone  Individual Name  Michael Missor, Vigo President, Hylort, Inc.  Date  322_67  Telephone	Under the	Paperwork Redu	iction Act of 1985, no person	rs are regulred to res	pond to a	collection of i	<u>lognatica unit</u>	Ra II dis	plays 6 void DMB control number.		
ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS  CHANGE OF CORRESPONDENCE ADDRESS  I hereby revoke all previous powers of attorney diven in the above-identified application.  A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:  The address associated with Customer Number:  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Applicant/inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(t) is enclosed. (Form PTO/SB/96)  Signature  Name  Michael Misser, Visca President, Hylont, Inc.  Date  Telephone  Tolephone					Applic	ation Nun	nber				
NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS  Thereby revoke all previous powers of attorney given in the above-identified application.  A Power of Attorney is submitted herewith.  OR I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  S2398  Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  S2398  City  City  State  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(t) is enclosed. (Form PTO/SB/96)  Signature  Name  Michael Mic	· · · · · · · · · · · · · · · · · · ·					Date		08/31	/2000		
CHANGE OF CORRESPONDENCE ADDRESS  Examiner Name Robert School Attorney Dockst Number (NYLOFTGS-05)  I hereby revoke all previous powers of attorney diven in the above-Identified application.  A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number: \$2398  Please change the correspondence address for the above-Identified application to:  I the address associated with Customer Number: \$2398  OR  Firm or Individual Name Address  City State Zip  Country Telephone Email  Lam the:  Applicant/Inventor.  Assignee of record of the entire interest, See 37 CPR 3.71.  Statement under 37 CFR 3.73(t) is enclosed. (Form PTO/SB/96)  Signature Name Michael Miskor, Visca President, Hylort, Inc.  Date 3 222 67 Telephone 702-222-2115					First N	ını bamaı	entor	Wynn			
CHANGE OF CORRESPONDENCE ADDRESS  Examiner Name   Robert Glacen   Attorney Docket Number   HYLOFTG-GS    I hereby revoke all previous powers of attorney given in the above-identified application.  A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:   52398    Please change the correspondence address for the above-identified application to:  I hereby associated with   52398    OR  OR  Firm or   Individual Name   Address   Individual Name   Individual Name   Email   Individual Name   Individual Name					Art Un	it		3834			
hereby revoke all previous powers of attorney given in the above-identified application.    A Power of Attorney is submitted herewith.   OR	CHANCE	OF CODE		ADDRESS	Exami	ner Name	)	Robe	ri Gibsan		
□ A Power of Attorney is submitted herewith.  OR  □ I hereby appoint the practitioners associated with the Customer Number:  □ Please change the correspondence address for the above-identified application to:  □ The address associated with Customer Number:  □ Rim or Individual Name Address  City  Country  Telephone □ Applicant/Inventor. □ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature □ Alphane Michael Mikon, Vice President, Hyloft, Inc.  Date  3 22.67  Telephone  Telephone  Telephone  Telephone  Telephone  Telephone  Telephone  Telephone	CHANGE	CHANGE OF CORRESPONDENCE ADDRESS									
Customer Number: 52396  OR  Firm or Individual Name Address  City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Signature  Michael Middon, Vice President, Hylon, Inc.  Date  3 22 67  Telephone  702-223-2113	□ A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:  52398										
City State Zip  Country  Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Michael Michael Michael Michael Michael Michael Michael Hylon, Inc.  Date 3 22 37 Telephone 702-222-2113	Customer Number: 52398										
Country  Telephone  I am the:  Applicant/Inventor.  Assignce of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)  SIGNATURE of Applicant or Assignce of Record  Signature  Name  Michael Michael Michael, Vice President, Hyloft, Inc.  Date  3/22/37  Telephone  702-222-2113	Individual Name										
Telephone Email  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 9.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Michael Miklon, Vice President, Hylon, Inc.  Date 3 22 47 Telephone 702-223-2113	Address										
Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Michael Miklon, Vice President, Hyloft, Inc.  Date 3 22 47 Telephone 702-223-2113	City		· ·		State		<del></del>		Zip		
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Michael Michae	lam the:										
Statement under 37 CFR 9.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Michael Midon, Vice President, Hylon, Inc.  Date 3(22/d7) Telephone 702-223-2113	Applicant/Inventor.										
Statement under 37 CFR 9.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Signature  Name Michael Midon, Vice President, Hylon, Inc.  Date 3(22/d7) Telephone 702-223-2113											
Name Michael Middon, Vice President, Hylon, Inc.  Date 3/22/d7 Telephone 702-223-2113	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
Name Michael Middon, Vice President, Hylon, Inc.  Date 3/22/d7 Telephone 702-223-2113	SIGNATURE of Applicant or Assignee of Record										
Date 3/22/07 Telephone 702-223-2113	Signature 1										
3/22/6 / Telephoto //02-222-2113	Name	Name Michael Mikkon, Vice President, Hylott, Inc.									
	Date		3/22/07		T	elephone	702-222-	2113			
WHILE AGRIBUITS OF BY INTERPORT OF BESCHRESS OF FRONT OF THE Antire interest of their representatives have required. Submit mutuals forms if more into one	NOTE Signature	es of all the linuar		of the artins interest	ac their re-	tesentaliva/s			muticle forms if more than one		

This collection of information is required by 37 CFR 1.56. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 57 CFR 1.11 and 1.14. This collection is satirated to take 3 infortied to complete. Including patheting, preparing, and submitting the complete the tomation of the information of the producing this bandon, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Abstandia, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1440, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)	ве и <u>фи</u> рала и изва ОМВ солиц и инир
Applicam/Patent Owner: Hyloft, Inc.	
Application No./Patent No.: 6,409,031 Filed/Issue Date: 06/25/2002	
Entitled: Gailing Mounted Rack	
Hyloff Ion (Nemo of Assignee)  (Type of Assignee, e.g., corporation, partnership States that it is:	a. unhaczły, government Agency. ok.)
1. The assignes of the entire right, title, and interest; or	
en essignee of less than the entire right, title and interest     (The extent (by percentage) of its ownership interest is%)	
in the patent application/patent identified above by virtue of either.	
A. An assignment from the inventor(s) of the patent application/patent identified above. The in the United States Patent and Trademark Office at Reel Frame  Prame	essignment was recorded , or for which a copy
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the	current assignee as follows:
1. From: Wynne To: Folding Guard Company	
To: Folding Guard Company The document was recorded in the United States Patent and Trademark Office at Real 011424 Freme 0654 or for which a copy thereof is	attached.
2. From: Wynne, Folding Guard Company To: Hyloft USA, LLC	
The document was recorded in the United States Patent and Trademark Office at Real 014384 Frame 6447 or for which a copy thereof it	s ettached.
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Reel 016480 Frame 6220 or for which a copy thereof	
Additional documents in the chain of title are listed on a supplemental sheet.	es ausched.
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.	e original owner to the
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be Division in accordance with 37 CFR Part 3, to record the assignment in the records of 302.08]	submitted to Assignment the USPTO. <u>See</u> MPEP
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.	3/22/07
Signature	Date
Michael Mikich	702-222-2113
Printed or Typed Name	Telephone Number
Visa President Hyloff, Inc.	

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